



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D4464-041**  
**Job Sheet 180616**



**Part No:** D4464-041

**Job Qty:** 1 ea

**Part Name:** Fuel Tank Assembly



**Part Weight:** 0 lbs

**Status:** Scheduled

**Priority:** Medium

**Job Created:** 7/11/18

**Job Tracking No:**

**Due Date:** 8/17/18

**Created By:** Linda Lacelle

**Type:** Stock

**Description:**

**Note:** DWG REV H IPP REV:A 11.11.23 NEW ISSUE DD VERF:EC IPP REV:B 12.03.08 AS PER DWG REV.B DD  
VERF:EC IPP REV:C 12.04.24 ECN 12-571 DD VERF:EC IPP REV:D 13.10.30 DWG REV PE1 DD  
VERF:JLM IPP REV:E 14.06.13 AS PER DWG REV.E DD VERF:JLM IPP REV:F 14.07.21 AS PER DWG  
REV.F DD VERF:JLM IPP REV:G 15.01.15 AS PER DWG REV.G DD VERF:JLM IPP REV:H 15.03.04 AS  
PER DWG REV.H9 DD VERF:JLM IPP REV:I 15.06-17 AS PER DWG REV.H DD VERF:JLM

**Ship Via:**

### Bill of Materials



Dart Aerospace Ltd.  
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**Container No:** S100153



**Part:** D4464-041

**Job No:** 180616

**Serial No/Batch:** S100153

**Revision:** I

**Inspector:**

**Exp Date:**

**Instructions:** Various STC's

**Date:** 08/08/18

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |



| Job Routing |                    |       |            |          |           |         |                       |           |                     |
|-------------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|---------------------|
| Op No       | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off            |
|             |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                     |
| 90          | Start up Operation | 1 Ea  | 8/17/18    | 8/17/18  | 0.00      | 0.00    | Start Up Large Fab-7  |           | DC 2018-08-08       |
| 100         | Large Fab          | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 10.34   | Large Fab 2           |           | CPC DAS 43          |
| 110         | QC                 | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC9                   |           | DAS 9-80            |
| 112         | Small Fab          | 1 pcs | 8/17/18    | 8/17/18  | 0.17      | 1.53    | Small Fab-6           |           | 38                  |
| 114         | QC                 | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC5                   |           | 9-80 RPL            |
| 120         | Large Fab          | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 10.34   | Large Fab 2           |           | CPC                 |
| 123         | Small Fab          | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 1.53    | Small Fab-6           |           | CPC                 |
| 140         | Large Fab          | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 10.34   | Large Fab 2           |           | CPC                 |
| 141         | QC                 | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC9                   |           | 2                   |
| 142         | QC                 | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC5                   |           | 2                   |
| 143         | Outsource          | 1 pcs | 8/17/18    | 8/17/18  |           |         | SKY002-VC             | 5         | Aug 14 2018         |
| 145         | Packaging          | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | Packaging2            |           | Aug 14 2018         |
| 147         | QC                 | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC6                   |           | 38                  |
| 150         | HandFinish         | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 1.32    | HandFinish1           |           | SEP 12 2018         |
| 160         | QC                 | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC7-3                 |           | Aug 31 2018         |
| 164         | Small Fab          | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 1.53    | Small Fab-6           |           | DAS                 |
| 169         | QC                 | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC5                   |           | 38                  |
| 170         | SprayPaint         | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 1.73    | Spray Paint           |           | Aug 31 2018         |
| 180         | QC                 | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC14                  |           | 38                  |
| 190         | Small Fab          | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 1.53    | Small Fab-6           |           | SEP 12 2018         |
| 200         | QC                 | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC5                   |           | 38                  |
| 210         | Packaging          | 1 pcs | 8/17/18    | 8/17/18  | 0.00      | 0.00    | Packaging3-2          |           | 21 9-80 SEP 12 2018 |
| 220         | QC21-SA            | 1 Ea  | 8/17/18    | 8/17/18  | 0.00      | 0.00    | QC21                  |           | 21 9-80 SEP 12 2018 |

Part Op 100 - 1- Weld D4023-3 cap as per dwg D4464 2- Buff alodine on all edges welded parts.

Descriptions: 112 - 1- Wet install baffles to front and back panel using rivet and Proseal as per dwg A/R Proseal

Batch: 1138848

120 - 1- Use fixture to weld D4125 bolws to D4463-13 as per dwg. 2- Tack Weld D4463-3 to side, front a back panel.

123 - Transfer drill and c'sink D4975-1 bracket to bottom bracket , wet install as per dwg Proseal 890B

Batch: 1138848 Install hinge wet with proseal as per dwg A/R Proseal 890B Batch: 1138848 Instal D4000-9 grommets as per dwg, \*\*\*D4000-1 FLAT SURFACE MUST BE INSTALL UPWARDS AS PER DWG\*\*\* Install

fitting D4000-1 wet with proseal as per dwg A/R Proseal 890B Batch: 1138848

140 - Weld top D4463-1 using DT9811 and DT9810 Finish welding the rest of the tank.

143 - ISSUE P/O : \_\_\_\_\_ LIQUID PENETRANT INSPECTION AS PER QSI 038 OR LPI AS PER ASTM 1417 LEVEL 2

150 - 1- Alodine on tank. No alodine inside

164 - 1- Brush Proseal 890A on all internal sheet metal folds Proseal 8990A Batch: 5096394 2- Assemble as per dwg and for D4577-041/-3/-5 access panels install wet with proseal 890B A/R Proseal 890B Batch: 5096394

170 - \*\*\*MASK PROIOR PRIME AND PAINT AS PER DWG\*\*\* PRIME TEMPO GREY AS PER DWG AND QSI PRIMER BATCH: 138646 PAINT FLAT GREY AS PER DWG AND QSI PAINT BATCH: 138819

190 - 1- Install placards, fuel sender, tank support, fuel filler splash guard assy, fuel cap as per dwg 2- Abrade surface with red scotch brite and install cushion using contact cement A/R Contact Cement Batch: \_\_\_\_\_

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                               |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                               |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | <b>MRB (QSI042) Approval</b><br><br><b>Completed By</b><br><br><b>Lead hand / Supervisor Approval Verification</b><br><br><b>QC / QA Coordinator Approval</b> |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                                                                                                                                                               |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                               |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                               |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                               |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                                                               |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                                                               |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                                                               |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                                                               |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                                                               |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                                                                                                                                                               |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                                                                                                                                                               |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                                                                                                                                                               |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                                                                                                                                                               |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                                                               |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | <b>OTHER :</b>                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                               |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                               |  |  |



# Job BOM

| Part / Item   | Component Name                    | Quantity        | Operation             | Container        |
|---------------|-----------------------------------|-----------------|-----------------------|------------------|
| D3999-7       | Corner                            | 1 Ea (1 ea)     | 90-Start up Operation | F156521          |
| D4000-5       | Fuel Tank Vent Fitting            | 1 Ea (1 ea)     | 90-Start up Operation | F107388          |
| D4023-3       | Cap And Flange                    | 1 Ea (1 ea)     | 90-Start up Operation | F160125          |
| D4125-1       | Fwd Sediment Bowl                 | 1 Ea (1 ea)     | 90-Start up Operation | S803432          |
| D4125-3       | Aft Sediment Bowl                 | 1 Ea (1 ea)     | 90-Start up Operation | F165459 156459   |
| D4462-1       | Baffle                            | 1 Ea (1 ea)     | 90-Start up Operation | S025826          |
| D4462-3       | Baffle                            | 1 Ea (1 ea)     | 90-Start up Operation | S055703          |
| D4463-041     | Tank Top Assembly                 | 1 Ea (1 ea)     | 90-Start up Operation | S061430          |
| D4463-11      | Tank Front                        | 1 Ea (1 ea)     | 90-Start up Operation | F160616          |
| D4463-13      | Tank Bottom                       | 1 Ea (1 ea)     | 90-Start up Operation | S025813          |
| D4463-3       | Tank Aft End                      | 1 Ea (1 ea)     | 90-Start up Operation | S094472 S055701  |
| D4463-5       | Tank Upper Cut Out                | 1 Ea (1 ea)     | 90-Start up Operation | S052484          |
| D4463-7       | Tank Fwd End                      | 1 Ea (1 ea)     | 90-Start up Operation | S091472 30 92934 |
| D4463-9       | Tank Back                         | 1 Ea (1 ea)     | 90-Start up Operation | S026899 S091472  |
| AN3-5A        | Bolt                              | 24 Ea (24 ea)   | 190-Small Fab         | F1137163         |
| AN3-7A        | Bolt                              | 4 Ea (4 ea)     | 190-Small Fab         | S089286          |
| AN3H5A        | Bolt                              | 5 Ea (5 ea)     | 190-Small Fab         | F1136406         |
| D3997-11      | Placard                           | 1 Ea (1 ea)     | 190-Small Fab         | S089534          |
| D3997-17      | Placard                           | 1 Ea (1 ea)     | 190-Small Fab         | S059489          |
| D3997-29      | Placard                           | 1 Ea (1 ea)     | 190-Small Fab         | S089538          |
| D3997-43      | Placard                           | 1 Ea (1 ea)     | 190-Small Fab         | S089539          |
| D3997-5       | Placard                           | 2 Ea (2 ea)     | 190-Small Fab         | S089533          |
| D4000-045     | Fuel Pickup Fitting Assembly      | 1 Ea (1 ea)     | 190-Small Fab         | F160585          |
| D4000-1       | Fuel Supply Fitting               | 1 Ea (1 ea)     | 190-Small Fab         | F163451          |
| D4000-9       | Grommet                           | 3 Ea (3 ea)     | 190-Small Fab         | F152269          |
| D4008-041     | Fuel Filler Splash Guard Assembly | 1 Ea (1 ea)     | 190-Small Fab         | S058256          |
| D4008-11      | Hinge Half                        | 1 Ea (1 ea)     | 190-Small Fab         | S095528          |
| D4057-1       | Retaining Ring                    | 3 Ea (3 ea)     | 190-Small Fab         | F156450          |
| D4062-041     | Tank Support Assembly             | 1 Ea (1 ea)     | 190-Small Fab         | F159809          |
| D4404-5       | Cushion, Fwd                      | 2 Ea (2 ea)     | 190-Small Fab         | S072385          |
| D4577-041     | Fwd Access Panel Assembly         | 1 Ea (1 ea)     | 190-Small Fab         | S092559          |
| D4577-1       | Rear Access Panel                 | 1 Ea (1 ea)     | 190-Small Fab         | 162023           |
| D4577-3       | Middle Access Panel               | 1 Ea (1 ea)     | 190-Small Fab         | 161869           |
| D4968-1       | Side Cushion                      | 1 Ea (1 ea)     | 190-Small Fab         | S057454          |
| D4975-1       | Bracket                           | 1 Ea (1 ea)     | 190-Small Fab         | F113687          |
| MS20426AD4-4  | Rivet                             | 4 Ea (4 ea)     | 190-Small Fab         | F125445-4        |
| MS20470AD4-4  | Rivet, Universal Head             | 165 Ea (165 ea) | 190-Small Fab         | S083832          |
| MS20470AD4-6  | Rivet, Universal Head             | 8 Ea (8 ea)     | 190-Small Fab         | F1153077-50      |
| MS21042L3     | Nut                               | 4 Ea (4 ea)     | 190-Small Fab         | S089340          |
| NAS1149D0332J | Washer                            | 13 Ea (13 ea)   | 190-Small Fab         | S100407          |
| NAS1149D0363J | Washer                            | 24 Ea (24 ea)   | 190-Small Fab         | S068661          |
| D5473-063     | Fuel Sender Assembly              | 1 Ea (1 ea)     | 190-Small Fab         | S109443          |

005301

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| <input type="checkbox"/> OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D3999-7        | 1        | 4         | 0         |
|                       | D4000-5        | 1        | 9         | 0         |
|                       | D4023-3        | 1        | 3         | 0         |
|                       | D4125-1        | 1        | 3         | 0         |
|                       | D4125-3        | 1        | 3         | 0         |
|                       | D4462-1        | 1        | 3         | 0         |
|                       | D4462-3        | 1        | 2         | 0         |
|                       | D4463-041      | 1        | 3         | 0         |
|                       | D4463-11       | 1        | 4         | 0         |
|                       | D4463-13       | 1        | 2         | 0         |
|                       | D4463-3        | 1        | 2         | 0         |
|                       | D4463-5        | 1        | 3         | 0         |
|                       | D4463-7        | 1        | 0         | 0         |
|                       | D4463-9        | 1        | 1         | 0         |
| 190-Small Fab         | AN3-5A         | 24       | 190       | 0         |
|                       | AN3-7A         | 4        | 259       | 0         |
|                       | AN3H5A         | 5        | 27        | 0         |
|                       | D3997-11       | 1        | 8         | 0         |
|                       | D3997-17       | 1        | 7         | 0         |
|                       | D3997-29       | 1        | 8         | 0         |
|                       | D3997-43       | 1        | 9         | 0         |
|                       | D3997-5        | 2        | 10        | 0         |
|                       | D4000-045      | 1        | 5         | 0         |
|                       | D4000-1        | 1        | 5         | 0         |
|                       | D4000-9        | 3        | 17        | 0         |
|                       | D4008-041      | 1        | 3         | 0         |
|                       | D4008-11       | 1        | 2         | 0         |
|                       | D4057-1        | 3        | 34        | 0         |
|                       | D4062-041      | 1        | 2         | 0         |
|                       | D4404-5        | 2        | 11        | 0         |
|                       | D4577-041      | 1        | 1         | 0         |
|                       | D4577-1        | 1        | 2         | 0         |
|                       | D4577-3        | 1        | 1         | 0         |
|                       | D4968-1        | 1        | 4         | 0         |
|                       | D4975-1        | 1        | 1         | 0         |
|                       | D5473-063      | 1        | 1         | 0         |
|                       | MS20426AD4-4   | 4        | 590       | 0         |
|                       | MS20470AD4-4   | 165      | 5,586     | 0         |
|                       | MS20470AD4-6   | 8        | 2,661     | 0         |
|                       | MS21042L3      | 4        | 2,037     | 0         |
|                       | NAS1149D0332J  | 13       | 1,505     | 0         |
|                       | NAS1149D0363J  | 24       | 1,483     | 0         |

### Part Specifications

Specifications could not be found.



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |





Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER PO040713

**Supplier:** SKY002-VC  
Skyservice  
6120 Midfield Road  
Mississauga  
ON  
L5P 1B1 Canada  
Phone: 905-678-5636  
Fax: 905-678-5841

**PO No:** PO040713  
**PO Date:** 8/9/18  
**Due Date:** 8/13/18  
**Purchase Order  
Revision:**  
**Revision Date:**  
**Ship-To Contact:** Baker, Diane  
Phone: dbaker@dartaero.com

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**Via:** Ground  
**Pymt Terms:** Net 30  
**Freight Terms:**  
**Special Comments:**

| Items      |        |              |                                                                                                                                                                                                                                                                                                                                                                                                                    |        |         |          |                |                   |         |                  |                |
|------------|--------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|----------------|
| Line Item  | Job    | Part         | Description                                                                                                                                                                                                                                                                                                                                                                                                        | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
| 1          | 180150 | D119-796-241 | Aft Crosstube Installation Without Step (No Hardware)<br>: TC STC SH14-45-Issue 1, FAA STC SR03504NY 15/01/28, EASA STC 10052022 Revision 1 15/02/13, DGCA INDIA LoA 07-09/2011-AED (Part) 15/07/16, BRAZIL STC 2015S07-16 15/07/30, CAAP PHILIPPINES LoA 16/05/11, CHINA VSTC0757 16/07/22, RUSSIA STC CT316-A119 16/08/11, DGAC INDONESIA STC SR025 18/02/19<br>*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE*** | Firmed | -       | 8/13/18  | 1 pcs          | 0 pcs             | 1 pcs   | \$108.1818/pcs   | \$108.18       |
|            | 180154 |              | 1 X AUG 14 2018                                                                                                                                                                                                                                                                                                                                                                                                    | Firmed | -       | 8/13/18  | 1 pcs          | 0 pcs             | 1 pcs   | \$108.1818/pcs   | \$108.18       |
|            | 180597 |              | 1 X AUG 14 2018                                                                                                                                                                                                                                                                                                                                                                                                    | Firmed | -       | 8/13/18  | 1 pcs          | 0 pcs             | 1 pcs   | \$108.1818/pcs   | \$108.18       |
|            | 180598 |              | 1 X AUG 14 2018                                                                                                                                                                                                                                                                                                                                                                                                    | Firmed | -       | 8/13/18  | 1 pcs          | 0 pcs             | 1 pcs   | \$108.1818/pcs   | \$108.18       |
| Sub Total: |        |              |                                                                                                                                                                                                                                                                                                                                                                                                                    |        |         |          | 4              | 0                 | 4       |                  | \$432.73       |

|              |        |           |                                                                                                                                       |        |   |         |       |       |       |                |          |
|--------------|--------|-----------|---------------------------------------------------------------------------------------------------------------------------------------|--------|---|---------|-------|-------|-------|----------------|----------|
| 2            | 180616 | D4464-041 | Fuel Tank Assembly : Various STC's<br>ISSUE<br>P/O :<br>LIQUID PENETRANT INSPECTION AS PER QSI 038 OR<br>LPI AS PER ASTM 1417 LEVEL 2 | Firmed | - | 8/13/18 | 1 pcs | 0 pcs | 1 pcs | \$108.1818/pcs | \$108.18 |
|              | 180543 | D4880-1   | Strut : Various STC's                                                                                                                 | Firmed | - | 8/13/18 | 6 pcs | 0 pcs | 6 pcs | \$108.1818/pcs | \$649.09 |
| Grand Total: |        |           |                                                                                                                                       |        |   |         |       |       |       | \$1,190.00     |          |



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

## **PURCHASE ORDER PO040713**

### **Order Notes**

#### **Procurement Quality Clauses**

A005 right of entry  
A012 chemical and physical test report  
A016 personnel qualification  
A017 raw material identification (as applicable)

A022 Apical Processing  
A024 process certifications  
A026 certification of material conformance

A041 quality management system  
A042 dart notification by supplier  
A043 retention of quality documents

A048 counterfeit parts avoidance, detection, mitigation and disposition program

A049 supplier awareness

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

*Plex 8/14/18 11:24 AM dart.baker.diane*





# skyservice Work Order Traveler

Sky Service F.B.O. Inc.

10105 Ryan Avenue, Dorval, Quebec, H9P 1A2

TCCA AMO 53-89 / EASA 145.7142 / BDA AMO 385

|                          |                               |               |                     |
|--------------------------|-------------------------------|---------------|---------------------|
| WO #: MWO37008           | Customer: Dart Aerospace Ltd. | Dept: NDT YUL | Reference: PO040713 |
| Descr:                   | PN:                           | S/N:          | Qty: 1              |
| Make:                    | Model:                        | Reg:          | A/C S/N:            |
| TSN:                     | CSN:                          | TSO:          |                     |
| Task: <b>UNSCHEDULED</b> |                               |               | Sequence: 1         |

## Work Required:

CARRY OUT NDT ON:

1 FUEL TANK ASSY, P/N# D4464-041 , J/S# 180616

6 STRUT, P/N# D4880-1 , J/S# 180543

4 AFT CROSSTUBES, P/N# D119-796-241 , J/S# 180150, 180154, 180597, 180598

|                                                                                 |          |     |     |       |         |             |                |
|---------------------------------------------------------------------------------|----------|-----|-----|-------|---------|-------------|----------------|
| Action Taken:                                                                   |          |     |     |       |         | Date:       | Initial/Stamp: |
| LPI C/O IAW ASTM E-1417M-16                                                     |          |     |     |       |         | AUG 10 2018 |                |
| CRACK FOUND ON 1 STRUT                                                          |          |     |     |       |         |             |                |
| 3 LEAKS FOUND ON FUEL TANK ASSY                                                 |          |     |     |       |         |             |                |
| CRACK INDICATION FOUND ON 1 CROSSTUBE J/S# 180154                               |          |     |     |       |         |             |                |
| PEN. ZL-56, MPO13600, CLEANER SKC-S MPO13923 , DEV. MPO11715 , UV LIGHT M-20142 |          |     |     |       |         |             |                |
| Description                                                                     | Location | P/N | Qty | Batch | S/N Off | S/N On      |                |
|                                                                                 |          |     |     |       |         |             |                |
|                                                                                 |          |     |     |       |         |             |                |
|                                                                                 |          |     |     |       |         |             |                |
|                                                                                 |          |     |     |       |         |             |                |
|                                                                                 |          |     |     |       |         |             |                |
|                                                                                 |          |     |     |       |         |             |                |
|                                                                                 |          |     |     |       |         |             |                |

I certified that the maintenance described above has been performed in accordance with the applicable standard of airworthiness.

|                             |               |             |
|-----------------------------|---------------|-------------|
| Signature:                  | ACA/SCA Stamp | Date:       |
| Name: <b>RAFIK MELIKIAN</b> |               | AUG 10 2018 |



# skyservice Work Order Traveler

Sky Service F.B.O. Inc.

10105 Ryan Avenue, Dorval, Quebec, H9P 1A2

TCCA AMO 53-89 / EASA 145.7142 / BDA AMO 385

|                          |                               |               |                     |
|--------------------------|-------------------------------|---------------|---------------------|
| WO #: MWO37249           | Customer: Dart Aerospace Ltd. | Dept: NDT YUL | Reference: PO040895 |
| Descr:                   | PN:                           | S/N:          | Qty: 1              |
| Make:                    | Model:                        | Reg:          | A/C S/N:            |
| TSN:                     | CSN:                          | TSO:          |                     |
| Task: <b>UNSCHEDULED</b> |                               |               | Sequence: 1         |

## Work Required:

CARRY OUT NDT ON:

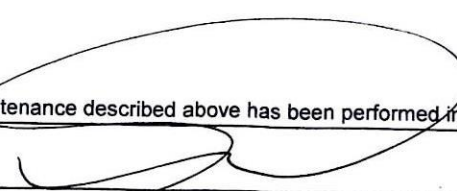
1 FUEL TANK ASSY, P/N# D4464-041, J/S# 180616 / - rework

3 FWD CROSSTUBES, P/N# D212-664-101, J/S# 180756, 180757, 180758

4 RAPPEL SLIDE BARS, P/N# D3011-1, J/S# 180423

| Action Taken:                                                                     |          |     |     |       |         | Date:       | Initial/Stamp:                                                                                                 |
|-----------------------------------------------------------------------------------|----------|-----|-----|-------|---------|-------------|----------------------------------------------------------------------------------------------------------------|
| LPI C/O IAW ASTM E-1417 REV. 16                                                   |          |     |     |       |         | AUG 30 2018 | <br>DOT-APP<br>20<br>53-89 |
| NO CRACK FOUND                                                                    |          |     |     |       |         |             |                                                                                                                |
| PEN. ZL-56, MPO13600, CLEANER SKC-S MPO13923, DEV. MPO11715<br>, UV LIGHT M-20142 |          |     |     |       |         |             |                                                                                                                |
| Description                                                                       | Location | P/N | Qty | Batch | S/N Off | S/N On      |                                                                                                                |
|                                                                                   |          |     |     |       |         |             |                                                                                                                |
|                                                                                   |          |     |     |       |         |             |                                                                                                                |
|                                                                                   |          |     |     |       |         |             |                                                                                                                |
|                                                                                   |          |     |     |       |         |             |                                                                                                                |
|                                                                                   |          |     |     |       |         |             |                                                                                                                |
|                                                                                   |          |     |     |       |         |             |                                                                                                                |
|                                                                                   |          |     |     |       |         |             |                                                                                                                |

I certified that the maintenance described above has been performed in accordance with the applicable standard of airworthiness.

|                                                                                                |                                         |                      |
|------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------|
| Signature:  | ACA/SCA Stamp<br>DOT-APP<br>20<br>53-89 | Date:<br>AUG 30 2018 |
| Name: <b>RAFIK MELIKIAN</b>                                                                    |                                         |                      |

**skyservice****Work Order Traveler**

Sky Service F.B.O. Inc.

0105 Ryan Avenue, Dorval, Quebec, H9P 1A2

TCCA AMO 53-89 / EASA 145.7142 / BDA AMO 385

|                          |                               |               |                     |
|--------------------------|-------------------------------|---------------|---------------------|
| WO #: MWO37249           | Customer: Dart Aerospace Ltd. | Dept: NDT YUL | Reference: PO040895 |
| Descr:                   | PN:                           | S/N:          | Qty: 1              |
| Make:                    | Model:                        | Reg:          | A/C S/N:            |
| TSN:                     | CSN:                          | TSO:          |                     |
| Task: <b>UNSCHEDULED</b> |                               |               | Sequence: 1         |

**Work Required:**

CARRY OUT NDT ON:

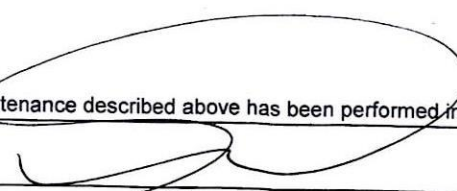
1 FUEL TANK ASSY, P/N# D4464-041 , J/S# 180616 / - rework

3 FWD CROSSTUBES , P/N# D212-664-101 , J/S# 180756, 180757, 180758

4 RAPPEL SLIDE BARS , P/N# D3011-1 , J/S# 180423

| <b>Action Taken:</b>                                                               |          |     |     |       |         | Date:       | Initial/Stamp:                                                                                                 |
|------------------------------------------------------------------------------------|----------|-----|-----|-------|---------|-------------|----------------------------------------------------------------------------------------------------------------|
| LPI C/O IAW ASTM E-1417 REV. 16                                                    |          |     |     |       |         | AUG 30 2018 | <br>DOT-APP<br>20<br>53-89 |
| NO CRACK FOUND                                                                     |          |     |     |       |         |             |                                                                                                                |
| PEN. ZL-56, MPO13600, CLEANER SKC-S MPO13923 , DEV. MPO11715<br>, UV LIGHT M-20142 |          |     |     |       |         |             |                                                                                                                |
| Description                                                                        | Location | P/N | Qty | Batch | S/N Off | S/N On      |                                                                                                                |
|                                                                                    |          |     |     |       |         |             |                                                                                                                |
|                                                                                    |          |     |     |       |         |             |                                                                                                                |
|                                                                                    |          |     |     |       |         |             |                                                                                                                |
|                                                                                    |          |     |     |       |         |             |                                                                                                                |
|                                                                                    |          |     |     |       |         |             |                                                                                                                |
|                                                                                    |          |     |     |       |         |             |                                                                                                                |
|                                                                                    |          |     |     |       |         |             |                                                                                                                |

I certified that the maintenance described above has been performed in accordance with the applicable standard of airworthiness.

|                                                                                                |                                         |                      |
|------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------|
| Signature:  | ACA/SCA Stamp<br>DOT-APP<br>20<br>53-89 | Date:<br>AUG 30 2018 |
| Name: <b>RAFIK MELIKIAN</b>                                                                    |                                         |                      |